

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No.

FILED SEP 6 1961

Primary Registration District No.

1003

Registrar's No.

6256

STATE FILE NUMBER

-61-030722

1. PLACE OF DEATH
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. LouisLength of stay in 1b
35 Yrs.2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTYc. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. LouisInside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION City Hosp.Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
1741a Nicholson Pl.Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First OKEL

Middle

Last

FAULKNER

4. DATE OF DEATH

Month Day Year
July 4, 1961

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/4/04

9. AGE (last birthday)

57

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Rutledge, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Marion Cunningham

13b. MOTHER'S MAIDEN NAME

Etta Prewitt

14. NAME OF HUSBAND OR WIFE

Richard

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(No, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

Yes (Unk)

17. INFORMANT

Address

Richard Faulkner, 1741a Nicholson Pl

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Chronic Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

422.2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☒ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

and last saw her alive on

Deaths occurred at

the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

7/7/61

23c. NAME OF CEMETERY OR CREMATORY

National

23d. LOCATION (City, town, or county)

Jefferson Brk's., Mo.

24. FUNERAL DIRECTOR

ADDRESS

McLaughlin, 2301 Lafayette (4)

25. DATE RECD. BY LOCAL REG.

JUL 5 1961

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

MEDICAL CERTIFICATION

DOCUMENT

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James R. Chapman
Licensed Embalmer No. 4550
P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.